

FY 2010 Child Guidance Annual Report



Dear Reader,

On behalf of the Child Guidance Program, I am pleased to present our Annual Report for State Fiscal Year 2010. This report summarizes our efforts to achieve the program's mission by promoting optimal development, behavior and interaction for families with children.

As you review this document, you will discover that the multidisciplinary Child Guidance Program has a long history within the Oklahoma State Department of Health (OSDH) and is unique to Oklahoma's Public Health System. Through a multidisciplinary team approach, consisting of Behavioral Health, Child Development, Speech/Language Pathology and Audiology, services are focused on families with children birth to age 13.

Goals of the Child Guidance Program include improving the quality of family relationships, including parent-child and sibling, and relationships of family members to their external community and its institutions. Additional goals include increasing a parent's ability to provide appropriate guidance and learning opportunities for their children, and improving the capacities of communities to provide support and resources for families to successfully raise their children.

I commend the Child Guidance staff who have worked diligently to provide families with resources and supports to raise their children in a most complicated world.

I wish to thank the OSDH leadership for guiding the Child Guidance Program through the planning of a major reorganization that won't be fully realized until FY 2011. To our agency partners and legislators, your continued support is appreciated and may the next 50 years be as fruitful as the first.

Sincerely,

Beth Martin, M.A., C.C.C.

Acting Chief, Child Guidance Service



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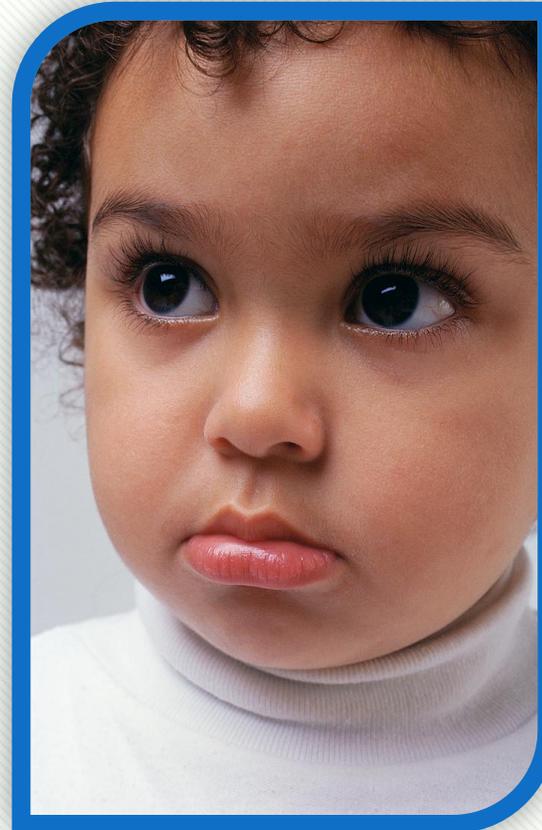
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Program Description

History

In an unprecedented move in 1956, Oklahoma public health leaders and the legislature created and funded a multidisciplinary program to address the child and family in a holistic way. Recognizing that mental health conditions could not be separated from the physical health of children, psychologists were hired as a complement to county health department nurses and physician consultants. Public health personnel were in a key position to identify mental and behavioral health concerns in children and families, and with the creation of this system, *Child Guidance* was born.

The Child Guidance Program was designed as one of the most unique programs in the country to blend a multidisciplinary approach of addressing behavioral and developmental concerns with the traditional medical services available through the Public Health System. In its infancy, the importance of child development services was recognized, but in the absence of a model in which to integrate these services, more traditional psychological assessment and intervention services were offered. As additional disciplines were included into the program, the model remained somewhat traditional in response to community needs and expectations. However, over time the vision became clearer that the potential of these disciplines would ultimately impact the behavioral health and developmental issues of children and families in Oklahoma. As the program has evolved, the OSDH has been able to provide the leadership for the Child Guidance Program service delivery model to develop services and systems, which will ultimately impact the health of all Oklahomans. As the Child Guidance program enters into its 52nd year with renewed purpose and direction, the OSDH continues to offer a unique blending of psychosocial,

developmental, and medical services to meet the public health challenges of the 21st century.

Enrollment Criteria

Persons authorized to be served by Child Guidance programs are children birth to 13 years of age, their families, and other adults responsible for influencing their development. Fees will be charged for Child Guidance services based upon the ability of the child's family to pay as set by the sliding fee scale and upon the potential for payments or contributions from the family's third party insurance provider (SoonerCare). Families will not be denied Child Guidance services, or be subjected to any variation in quality or delivery of Child Guidance services, because of inability to pay.

Mission and Vision

The mission of the multidisciplinary Child Guidance Program is to promote optimal development, behavior and interaction for families with children.



Premises of Child Guidance

The following premises are the assertions and propositions about the conceptual and theoretical basis of human service practices on which the Child Guidance Program is based.

- Primary responsibility for the development and well being of children lies within the family, and all segments of society must support families as they rear their children.
- Assuring the well being of all families is the cornerstone of a healthy society, and requires universal access to programs and services that provide resources and support for the varying needs of families.
- Children are best served in the context of their families, and families are best served in the context of their communities.
- Child-rearing patterns are influenced by parents' understanding of child development and of their children's unique characteristics, personal sense of competence, and cultural and community traditions and values.
- Enabling families to build on their own strengths and capacities promotes the healthy development of children.
- The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life span.
- Families are empowered when they have access to information and other resources and take action to improve the well being of children, families, and communities.

Child Guidance Program Goals

- To improve the quality of family relationships, including parental, parent-child and sibling; and relationships of family members to their external community and its institutions.
- To increase parent's abilities to provide developmentally appropriate guidance and learning opportunities for children.
- To improve the capacities of communities to provide needed support and resources for families to successfully rear their children.



"...mental health is fundamental to overall health and well-being. And that is why we must ensure that our health system responds as readily to the needs of children's mental health as it does to their physical well-being."

--David Satcher, former Surgeon General of the U.S., 2000



Services

The three divisions of Child Guidance are designed to interface for the purpose of providing a comprehensive array of services to build healthy family relationships and enhance child development. Child Guidance staff work together as a multidisciplinary team to bring together different expertise to assure that families' needs are met. For example, in providing services to divorcing families, behavioral health staff may work with the parents around issues of dealing appropriately with their guilt and anger to minimize the adverse impact of the divorce on their children. Child development staff may focus more on working with parents in understanding children's needs, the different reactions of their children, and developmentally appropriate approaches parents can use to help their children resolve their fears. Speech-language staff may assist parents in communicating more successfully in words that children of different ages can understand. All of these strategies and areas of expertise help families maintain nurturing relationships between parents and children.

The following services are considered the standard of care for service provision through the Child Guidance Program. All services are delivered according to Child Guidance Best Practice and Ethical Standards:

- Screening Services
- Assessment/Diagnostic Services
- Treatment/Intervention Services
- Evidence-based Groups
- Educational Groups for Children
- Training and Consultation to Professionals
- Educational Groups for Parents
- Referral

Child Guidance Service Logic Model

INPUTS	ACTIVITIES	OUTPUT MEASURES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
<ul style="list-style-type: none"> • Child Guidance Service within the OSDH has been identified as the lead agency to provide early childhood mental health services and consultation • Child Guidance clinics are located within Oklahoma County Health Departments, thus families utilizing child health and nutrition services will be familiar with the clinics • Child Guidance clinics are located in Oklahoma County Health Departments because mental health is a critical component of children’s physical health. • Child Guidance staff are trained in Evidence Based Practices that provide skills based training. 	<ul style="list-style-type: none"> • Provide early identification of behavioral, communication, developmental or social emotional concerns in young children • Provide assessment and intervention services to families with children birth to age 13, with an emphasis on young children. • Provide Early Childhood Mental Health Consultation services to child care centers, Head Starts, and schools (Pre-K through 2nd grade). • Provide training to other professionals to conduct developmental screening for children. • Provide parent training programs that are evidence based. 	<ul style="list-style-type: none"> • The number of young children who receive early identification of behavioral, communication, developmental and/or social emotional concerns. • The number of children with identified behavioral, communication, developmental and/or social emotional concerns who receive assessment and/or evaluation • The number of children with identified behavioral, communication, developmental and/or social emotional concerns who receive intervention services. • The number of child care centers, Head Starts, and schools (Pre-K through 2nd grade) who receive Early Childhood Mental Health Consultation services. • The number of developmental screenings for children that occur in primary care offices. • The number of families with young children who receive evidence-based practice parenting education and training. 	<ul style="list-style-type: none"> • Increase in the number of young children identified with behavioral, communication, developmental and/or social emotional concerns. • Increase in the number of children receiving assessment and intervention after being identified with behavioral, communication, developmental and/or social emotional concerns. • Increase in the number of child care centers, Head Starts, and schools (Pre-K through 2nd grade) that receive Early Childhood Mental Health Consultation services. • Increase in the number of professionals that are conducting developmental screenings for children. • Increase in the number of parents/guardians receiving parenting education and training. 	<ul style="list-style-type: none"> • Increase in the number of children with improved overall health due to enhanced social emotional development • Decrease in the rate of child abuse in young children. • Increase in the number of children that enter school healthy and ready to learn. • Decrease in the percentage of parents that believe their child has difficulty with emotion, concentration, behavior, or being able to get along with other people. • Increase in the number of protective factors at the family and individual level. • Decrease in the number of risk factors at the family and individual level.

Child Guidance Clients Served

Clients served in the Child Guidance Program are reported for *Individual Services* and *Population Based Services*. Client demographics for Individual Services are represented as **total client services** and as **new client services**.

Individual Services

Total Client Services

During FY 2010, Child Guidance staff provided services to 6,238 individual clients. These clients received 29,109 services during 21,057 encounters.

Tables 1 and 2 contain information about clients receiving services in Child Guidance clinics. Almost 60% of clients are male, and the majority of clients speak English as their primary language. 78% of clients are a single race, with 80% of those being white, 11% being Native American, and 7.5% being African American. Almost 15% of clients are Hispanic.

According to the 2006 Kids Count Data from the Annie E. Casey Foundation (<http://datacenter.kidscount.org/>), approximately 2% of all Oklahoma children are in foster care. Nearly 4% of the children served by the Child Guidance Program in FY 2010 were living in foster homes.

Table 1

Child Guidance Clients		
Gender	#	%
Female	2,530	40.6
Male	3,708	59.4
Primary Language		
English	5,837	93.6
Spanish	360	5.8
American Sign Language	2	0
Other	39	0.6
Disability		
Vision Impaired	3	0
Hearing Impaired	9	0.1
Other	78	1.3
None	5,395	86.5
Unknown	753	12.1
Foster Child		
Yes	237	3.8
No	5,777	92.6
Unknown	224	3.6

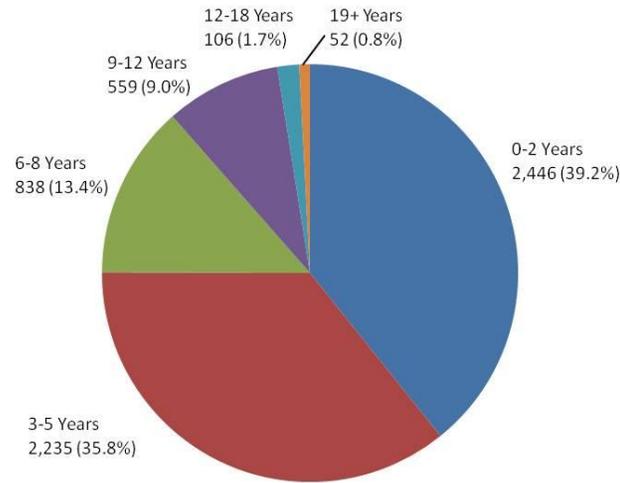
Table 2

Race	Ethnicity	
	Non-Hispanic	Hispanic
African American	365	17
Asian	50	4
Native American	536	46
Pacific Islander	14	5
White	3,917	744
African American/Asian	2	0
African American/Native American	25	4
African American/Pacific Islander	1	0
African American/White	165	10
Asian/Native American	1	0
Asian/White	13	0
Native American/White	239	47
Pacific Islander/White	4	1
African American/Asian/White	1	0
African American/Native American/White	17	8
African American/Asian/Native American/White	1	1
Total	5,351	887



Figure 1

Number of Clients by Age Group



Child Guidance services are available to Oklahoma children birth to 13 years of age and their families. However, occasionally hearing screens or emergency mental health services are provided to clients of all ages. Figure 1 shows the number of clients separated by age group. Children birth to five years of age represented 75% of the total population seen for Child Guidance services.

Oklahoma’s child population makes up 25% of the state’s overall population. Children under the age of 12 represent 68% of the child population. These 624,182 children and their families are the target population for the Child Guidance Program.

(Kids Count Data Center, 2009)

You don't really understand human nature unless you know why a child on a merry-go-round will wave at his parents every time around - and why his parents will always wave back.

~William D. Tammeus

Families served through the Child Guidance Program are not required to meet income eligibility. Services are provided on a sliding scale basis depending on family income and number of people supported by that income. Table 3 shows the number and percent of clients that have a Medicaid number and the percentage of fee the client is expected to pay. Of the families served during FY 2010, 69.3% utilized SoonerCare to pay for services, 27.3% were assessed a fee at a reduced rate on the sliding scale, while 3.4% were assessed a fee of 100% of the sliding scale. Analysis of fee assessments indicates that the majority of services were provided to the target demographic of SoonerCare recipients and low income/non-Medicaid eligible families.

Table 3

Client % Pay	Client Has Medicaid Number	
	Yes # (%)	No # (%)
0%	4,157 (96.1)	1,300 (68.0)
10%	54 (1.2)	86 (4.5)
20%	31 (0.7)	71 (3.7)
40%	20 (0.5)	120 (6.2)
60%	25 (0.6)	89 (4.6)
80%	10 (0.2)	66 (3.5)
100%	28 (0.7)	181 (9.5)
Total	4,325 (69.3)	1,913 (30.7)

Figure 2

**Number and Residence County of Child Guidance Clients
Oklahoma, FY 2010**

Services were provided to clients living in 94% of Oklahoma counties. Figure 2 shows the total number of clients from each county that received Child Guidance services.

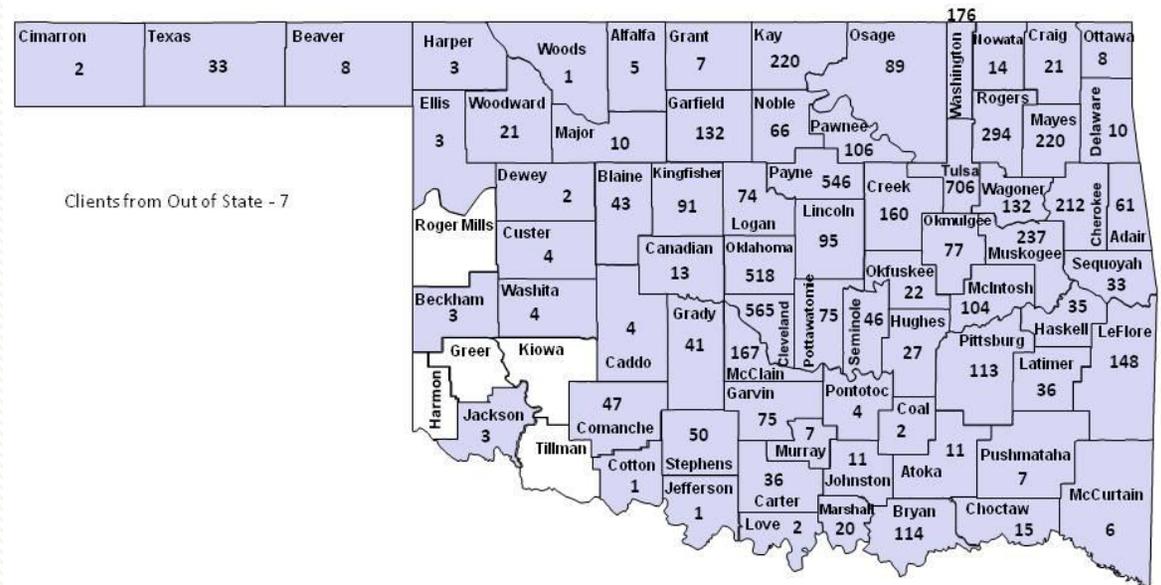
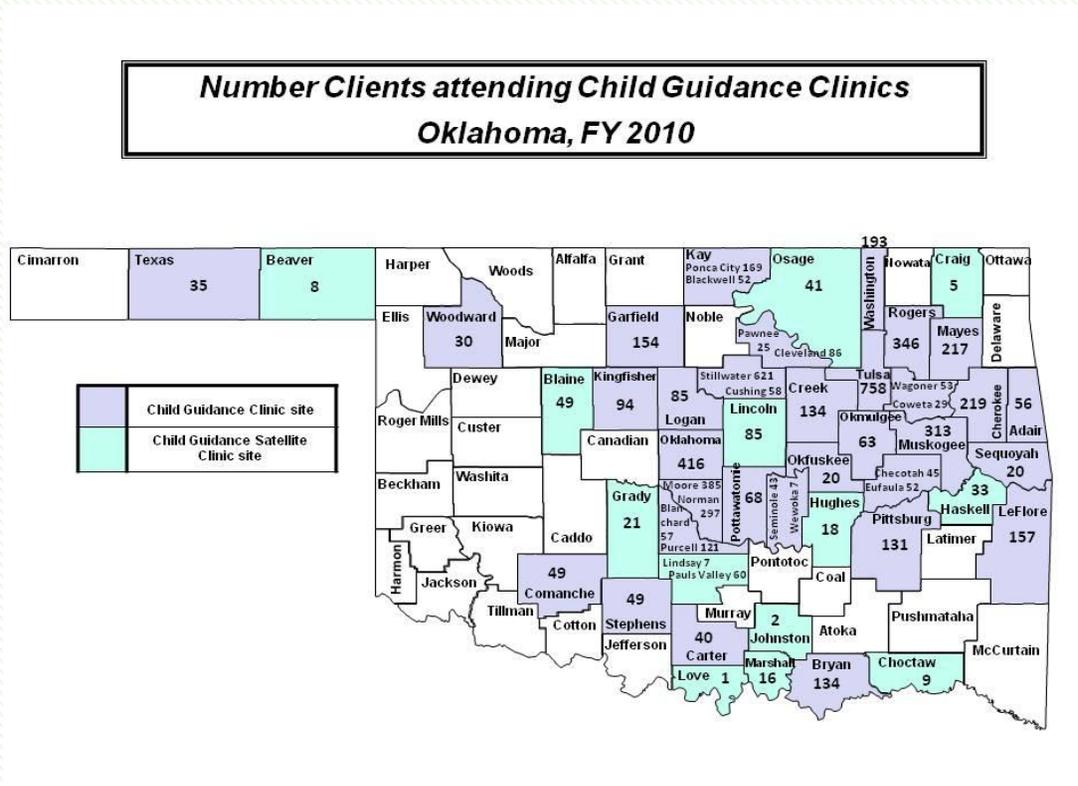


Figure 3



Child Guidance had 38 clinics in 32 counties, as well as 14 satellite clinics in 13 counties. Figure 3 shows the number of clients that received services at each clinic.

Individual Child Guidance services decrease in the summer and increase when school resumes in the fall. Figure 4 shows the number of Child Guidance encounters separated by month of encounter.

Figure 4

Number of Encounters by Month of Service

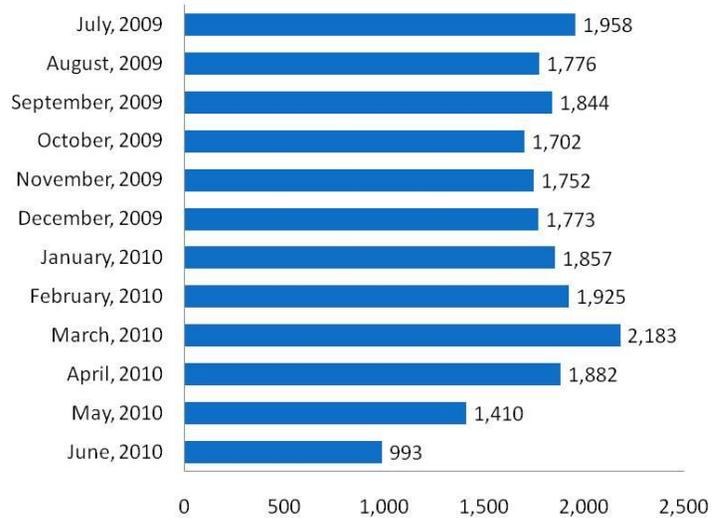
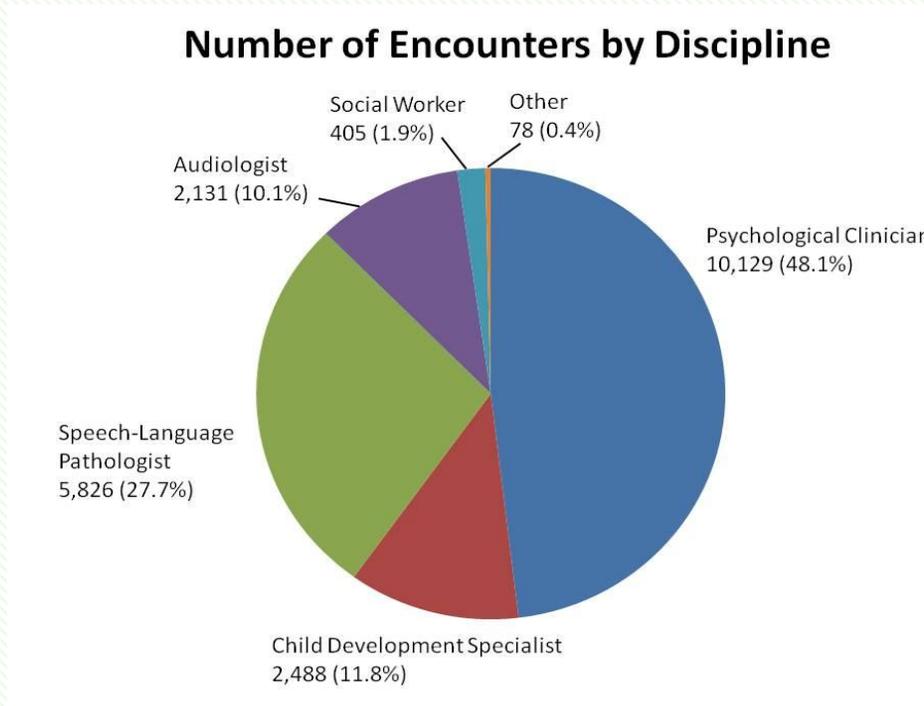


Figure 5



Psychological Clinicians made up 47% of the Child Guidance clinical staff and provided 48% of all individual encounters, while Child Development Specialists made up 24% of clinical staff and provided 12% of all individual encounters, and Speech/Language Pathologists made up 21% of clinical staff and provided 28% of all individual encounters.

Child Guidance services are provided by Child Development Specialists, Audiologists, Speech/Language Pathologists, Social Workers, and Psychologists. Figure 5 shows the number and percent of encounters provided by each discipline.

After each encounter with a client, Child Guidance staff code each service provided for entry into the OSDH Public Health Oklahoma Client Information System (PHOCIS). Figures 6, 7 and 8 show the services provided by Child Development Specialists, Speech/Language Pathologists and Audiologists, and Psychological Clinicians and Social Workers, respectively. The majority of individual client services provided by Child Development Specialists are developmental screenings or assessments, while Psychological Clinicians provide the majority of treatment services. Speech/Language Pathologists provided approximately 58% of the services in the Speech/Language Pathology category, while Audiologists provided approximately 42%. Some areas such as “service plan development and consultation” overlap between programs.

Figure 7

Speech/Language Pathology Services Provided

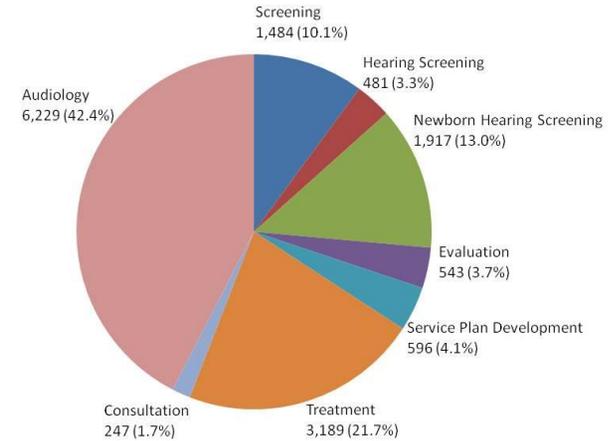


Figure 8

Behavioral Health Services Provided

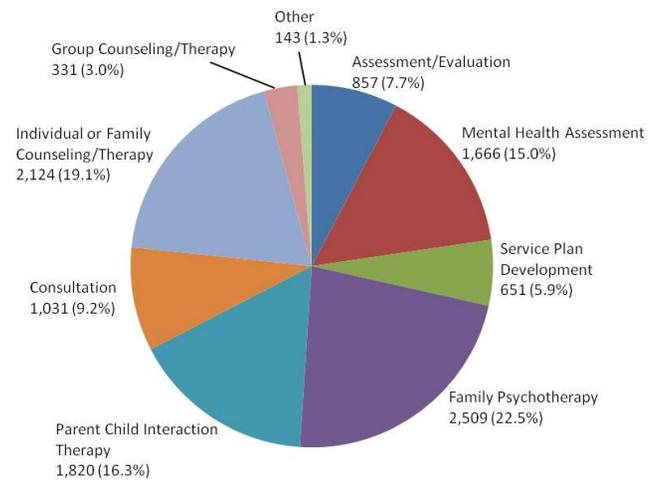
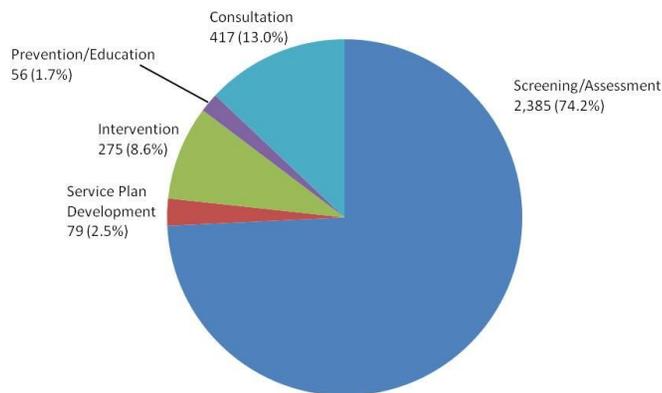


Figure 6

Child Development Services Provided



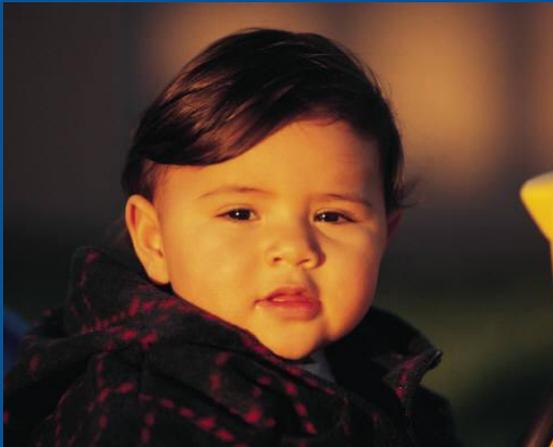
Top 12 Diagnosis Codes for Child Guidance

Table 4

	Coding Frequency	Percent*
V71 Observation and evaluation for suspected condition not found	2,895	13.7
315.3 Developmental speech or language disorder	2,584	12.3
V61.20 Counseling for parent-child problem, unspecified	2,471	11.7
314.00 Attention deficit disorder of childhood without hyperactivity	1,554	7.4
315.39 Developmental articulation disorder/other developmental speech disorder	1,240	5.9
312.9 Unspecified disturbance of conduct	955	4.5
315.9 Unspecified delay in development	882	4.2
389.0 Conductive hearing loss	599	2.8
309.4 Adjustment disorder with mixed disturbance of emotions and conduct	561	2.7
V72.11 Encounter for hearing examination following failed hearing screening	539	2.6
V40.9 Unspecified mental or behavioral problem	494	2.3
388.9 Unspecified disorder of ear	410	1.9

*Does not add up to 100%, only top 10 diagnosis codes shown

Fourteen percent of families receiving services in the Child Guidance Program during FY 2010 were seen for assessment of a suspected problem, while speech and language disorders and counseling for parent-child problems made up another 24%. These three categories made up over one-third of all children and families seen through the program.



New Clients Receiving Services in FY 2010

Table 5

	#	%
Child's Current Health Status		
Excellent	1,243	29.5
Very Good	1,310	31.1
Good	1,282	30.5
Fair	199	4.7
Poor	16	0.4
Unknown	158	3.8
Child's Weight at Birth		
Very Low Birth Weight	131	3.1
Low Birth Weight	363	8.6
Average Birth Weight	3,107	73.8
Above Average Birth Weight	233	5.5
Unknown	374	8.9
Child is on an IEP* or IFSP**		
Yes	486	11.6
No	3,393	80.6
Unknown	329	7.8
Size of Child's Household		
2 persons	297	7.1
3-4 persons	2,292	54.5
5-6 persons	1,217	28.9
7 or more persons	234	5.6
Unknown	168	4.0
Household Receives Public Assistance		
Yes	3,381	80.3
No	827	19.7

*Individual Education Plan

**Individual Family Service Plan

There were a total of 4,244 **new** clients receiving Child Guidance services during FY 2010. Of these, 36 were Parent Only Consultations, meaning that the parent received services specific to a child, but without the child present. Intake data were collected for 4,208 new clients, and are represented in Tables 5 and 6.

Of the 4,208 new clients seen through the Child Guidance program in FY 2010, 91.1% reported being in good to excellent health overall, and 74% were of average birth weight. The majority (83%) of new client households contain between 3 and 6 persons.

***Children are one third of our
population and all of our
future.***

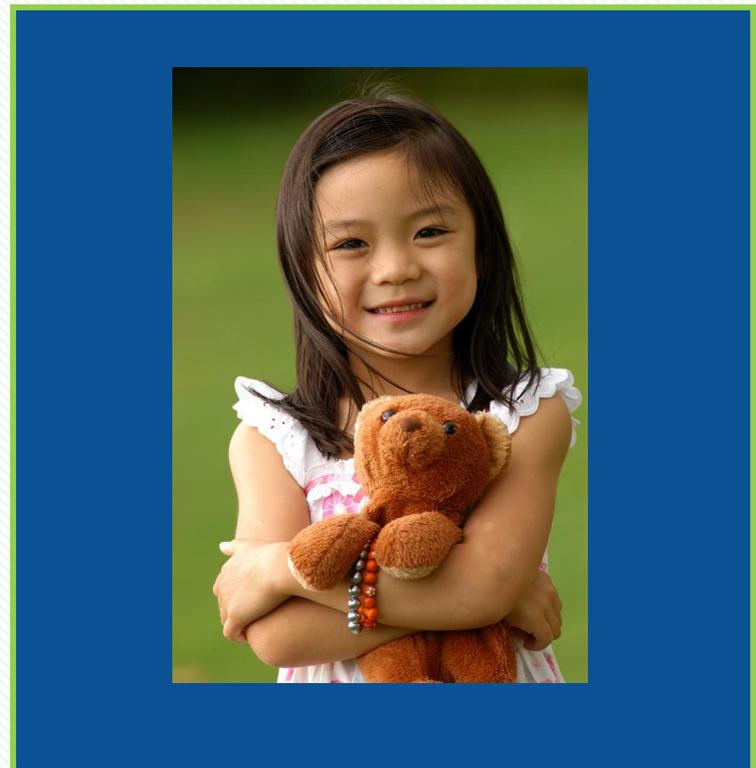
***~Select Panel for the
Promotion of Child Health,
1981***

Table 6

	#	%
Person(s) Responsible for Child's Care		
Married parents	1,995	47.4
Single mother	1,009	24.0
Non-married parents living together	474	11.3
Divorced parents, joint responsibility	190	4.5
Foster parent(s)	187	4.4
Grandparents	145	3.4
Single father	67	1.6
Unknown	141	3.4
Biological Mother is a Primary Caregiver		
Yes	2,668	62.9
No	1,576	37.1
If Yes, Mother's Highest Education Level		
8th Grade or below	111	4.2
Grades 9 through 11	307	11.5
High School graduate or GED	774	29.0
Some college completed	747	28.0
College graduate	380	14.2
Post graduate degree	83	3.1
Unknown	266	10.0
Highest Educational Level in Household		
8th Grade or below	110	2.6
Grades 9 through 11	254	6.0
High School graduate or GED	1,148	27.3
Some college completed	1,285	30.5
College graduate	755	17.9
Post graduate degree	228	5.4
Unknown	428	10.2

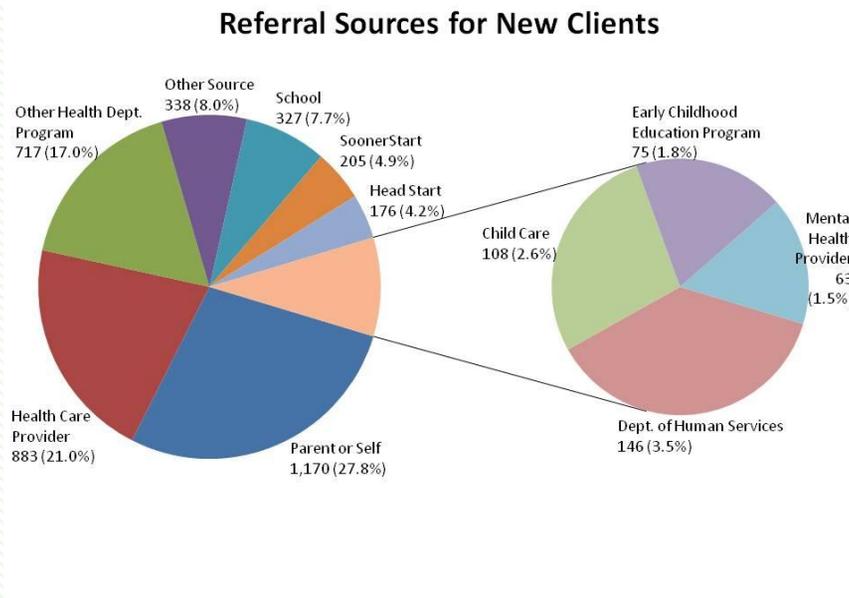
Some factors that put children at risk for developmental or social-emotional delays include low birth weight, living in a single parent family, and a mother with less than a high school education. These factors, along with others, are represented in Tables 5 and 6.

During FY 2010, 12% of new clients were born with low or very low birth weight, 30% were being raised by a single parent, and 16% had a mother with less than a high school education. Approximately 45% of new clients had at least one or more of these risk factors. Additionally, approximately 8% of new clients were being raised by someone other than a biological or adoptive parent.



Additional Child Guidance Intake Data

Figure 9



Families are referred to the Child Guidance Program through a variety of circumstances. Almost half of new clients were either self referred or referred by a health care provider. Figure 9 shows the referral sources for new clients in FY 2010.

Data on school grades were collected on 764 new clients. Figure 10 shows the grades new clients were receiving upon intake. Parents of 242 clients reported that the child has repeated a grade.

Figure 10

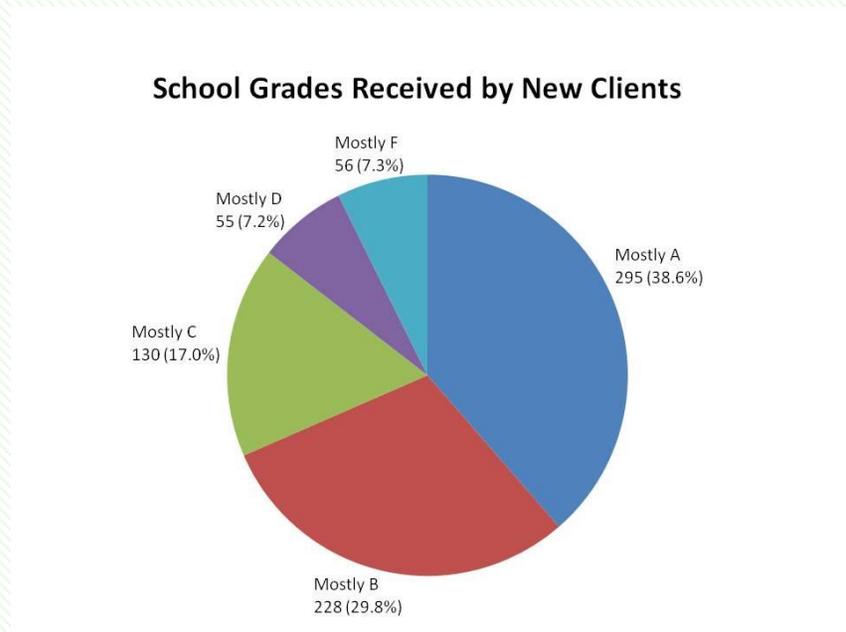
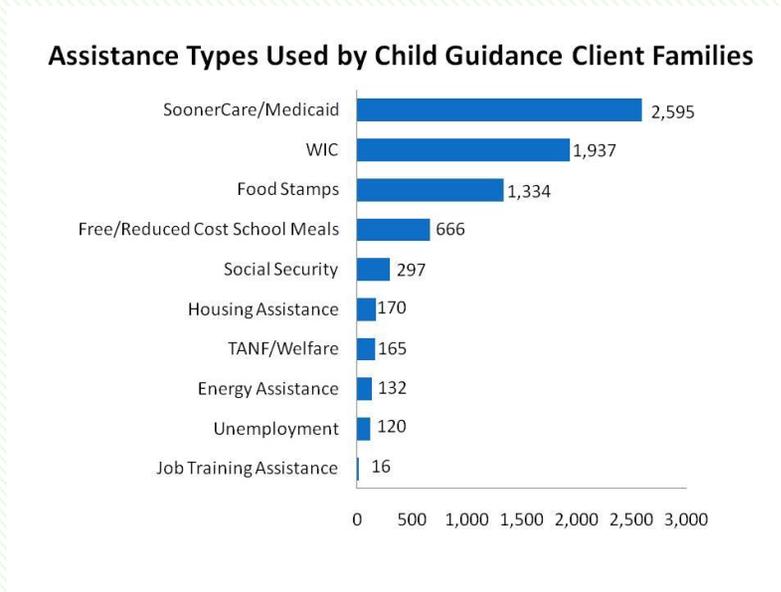


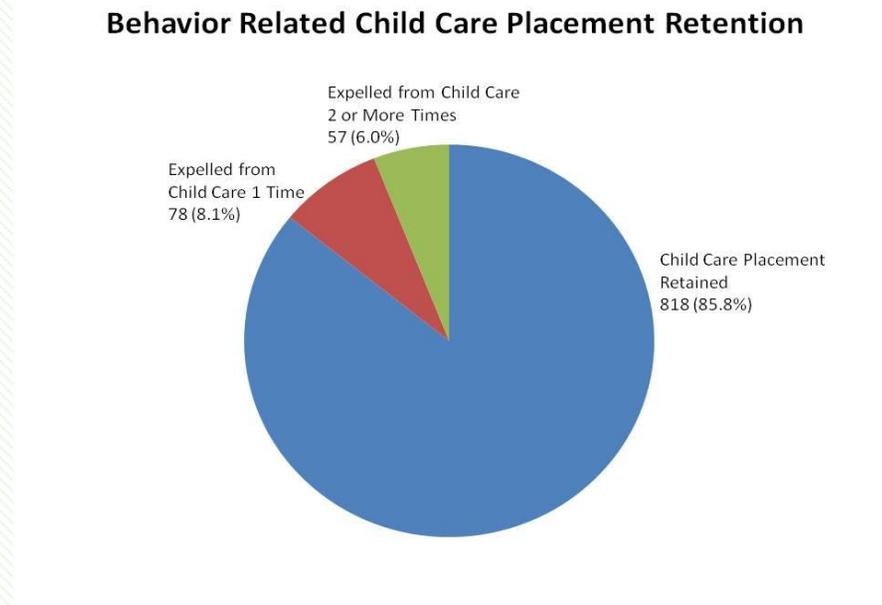
Figure 11



The Child Guidance Program strives to provide services to a target demographic of SoonerCare recipients as well as low income/non-Medicaid eligible families. Figure 11 shows the type of public assistance being utilized by Child Guidance clients.

Of the 4,208 new clients, parents reported that 953 (22.6%) were currently in child care. Of these, 78 (8.1%) had been expelled from child care one time and 57 (6.0%) had been expelled 2 or more times. Figure 12 shows client child care placement retention based on behavior.

Figure 12



Child Guidance Screening Services

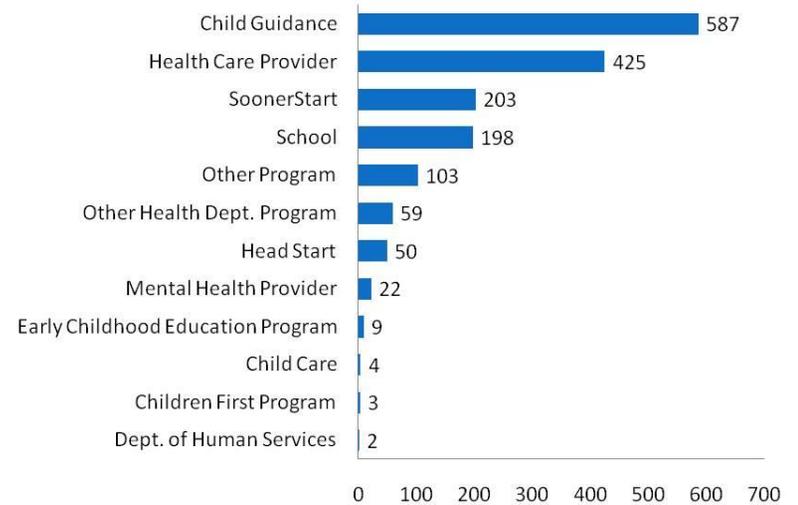
Clinicians in the Child Guidance Program provided screening services to 3,304 children. Children who were screened received one of three results: pass, pass with risk factors, or refer for services. Of the children screened, 1,727 passed the screening, 320 passed but had risk factors needing monitoring, and 1,257 children (38%) were referred for services.

Of the children receiving a referral, 47% were referred for further Child Guidance services, while 34% were referred to their health care provider, and 16% were referred to SoonerStart. Figure 13 outlines referrals.



Figure 13

Referrals Made Following Child Guidance Screenings



Assessments, Evaluations and Service Plans

During FY 2010, 1,002 clients were seen for “assessment only” or “evaluation only” services. These clients did not continue on with treatment in a Child Guidance clinic. The majority of assessments or evaluations consisted of only 1 appointment (84%), however, assessments/evaluations could require up to 10 appointments. A total of 1,178 sessions were considered “assessment only” or “evaluation only”. Figure 14 shows the referrals made after assessments or evaluations were completed.

Figure 14

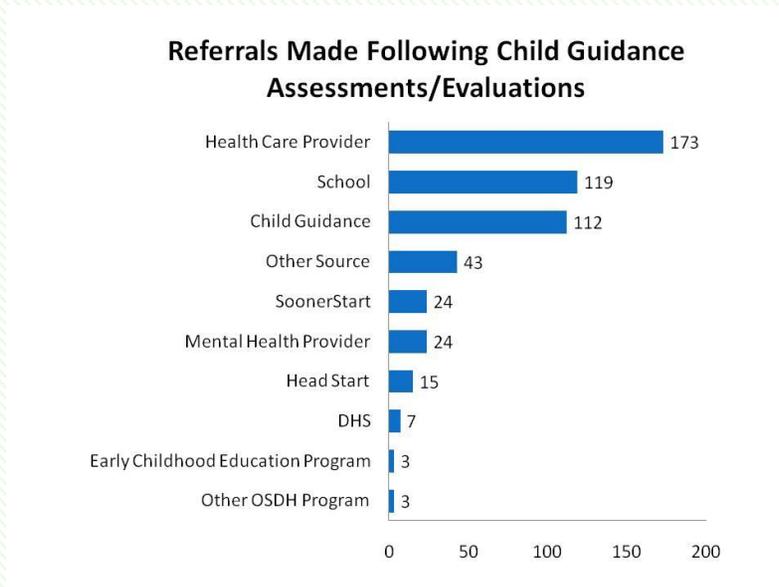
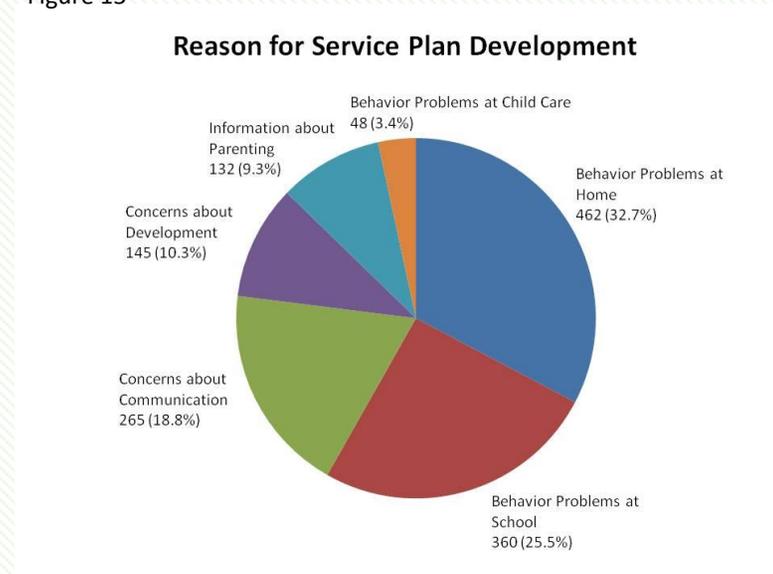


Figure 15



Clients who are seen for treatment/intervention services are required to have a service plan. During FY 2010, 2,332 Service Plans were either already opened at the beginning of the fiscal year, or were opened during the fiscal year. Of these, 1,931 were closed after treatment or intervention was completed, leaving 401 open service plans at the end of the fiscal year.

Of the 1,931 closed Service Plans, data were collected on 1,412. Figure 15 describes reasons Service Plans were developed.

Child Guidance Clients Who Completed Service

Upon completion of treatment/intervention services with the Child Guidance program, clients either required no further service or were referred to other entities to continue intervention. Figures 16 and 17 show referrals that were made upon termination of Child Guidance services and client progress made during Child Guidance services.

Figure 16

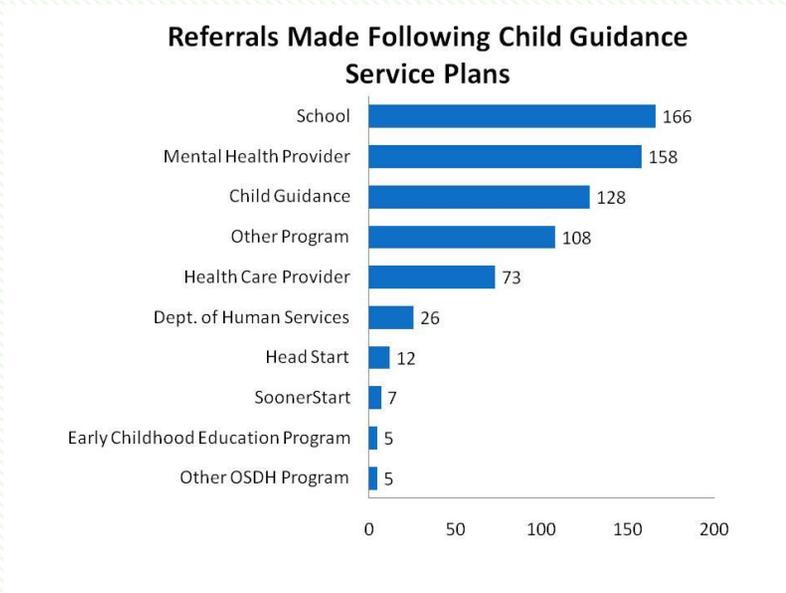
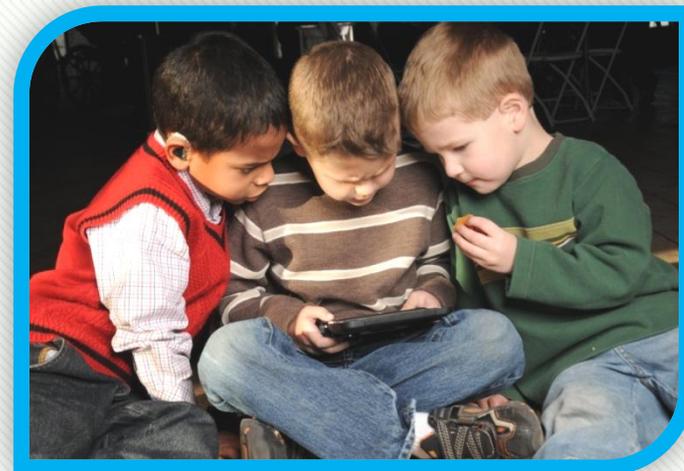
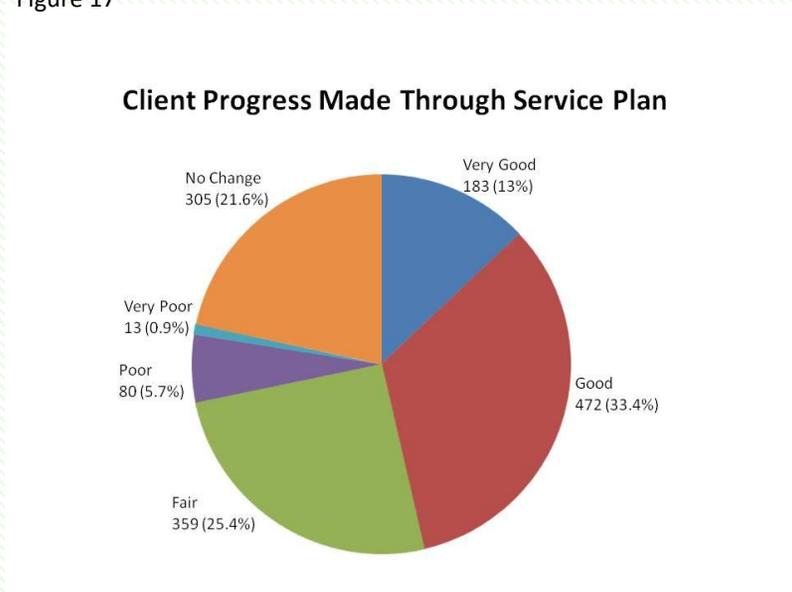


Figure 17



Population Based Services

Child Guidance staff provided a total of 5,940 Population Based Services as representatives of Child Guidance during FY 2010. Population Based Services are those in which more than one person is in attendance to receive the services, and generally take place in a location other than the county health department.

Figure 18

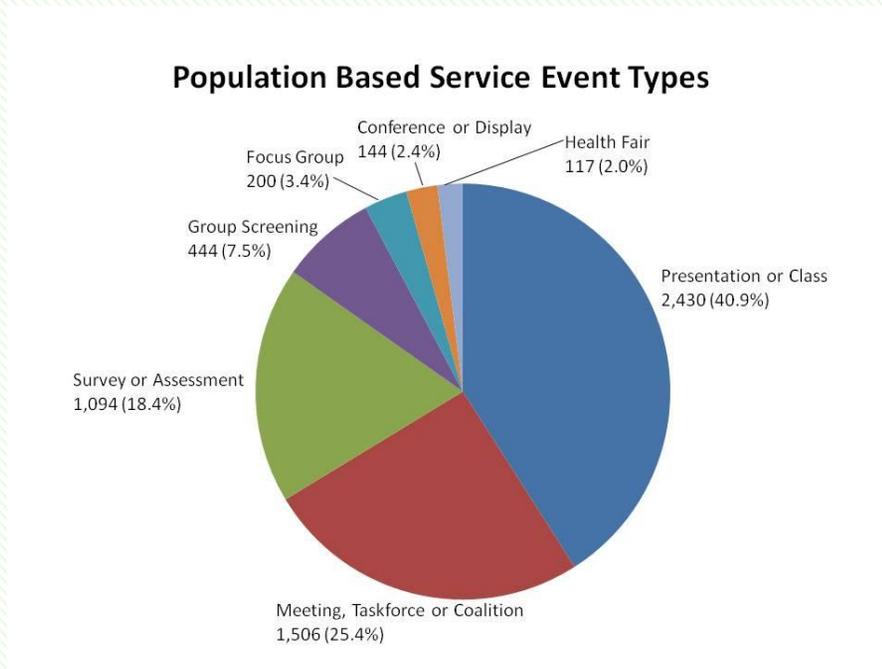


Figure 19

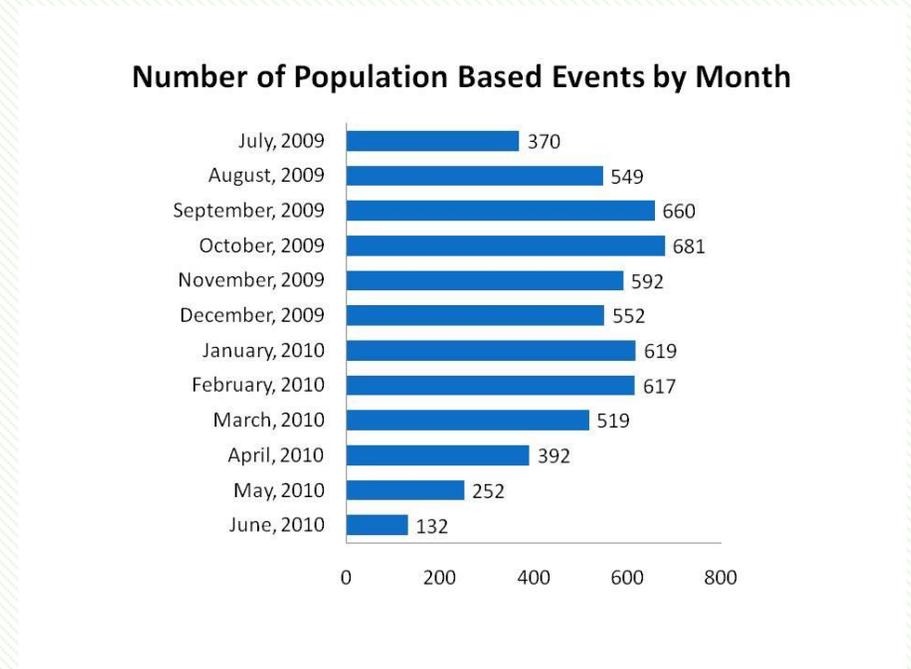
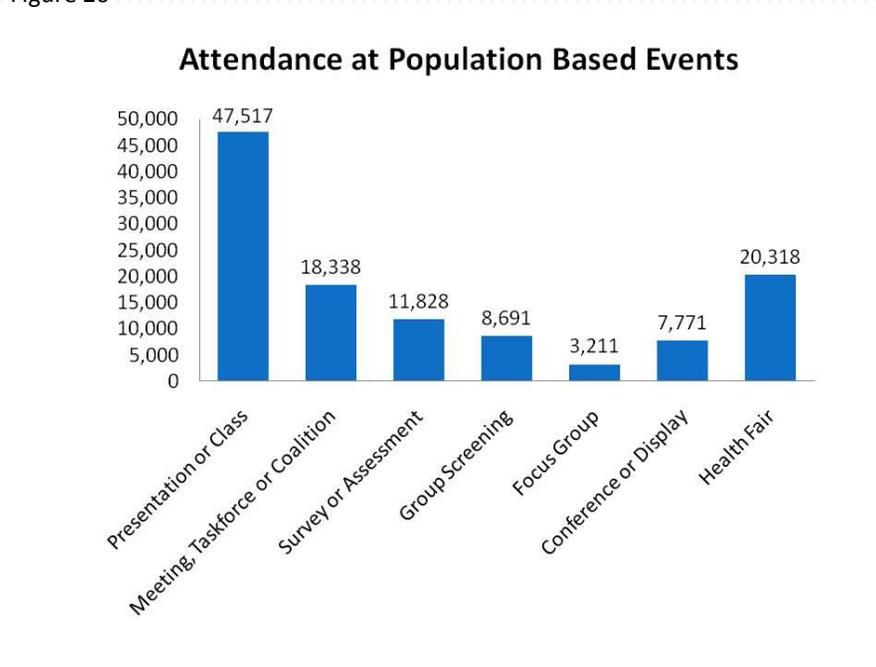


Figure 18 shows the number and percent of event types conducted as Population Based Services. Figure 19 represents Population Based Services by month for FY 2010. The majority of these services provided by the Child Guidance staff occur during the school year.

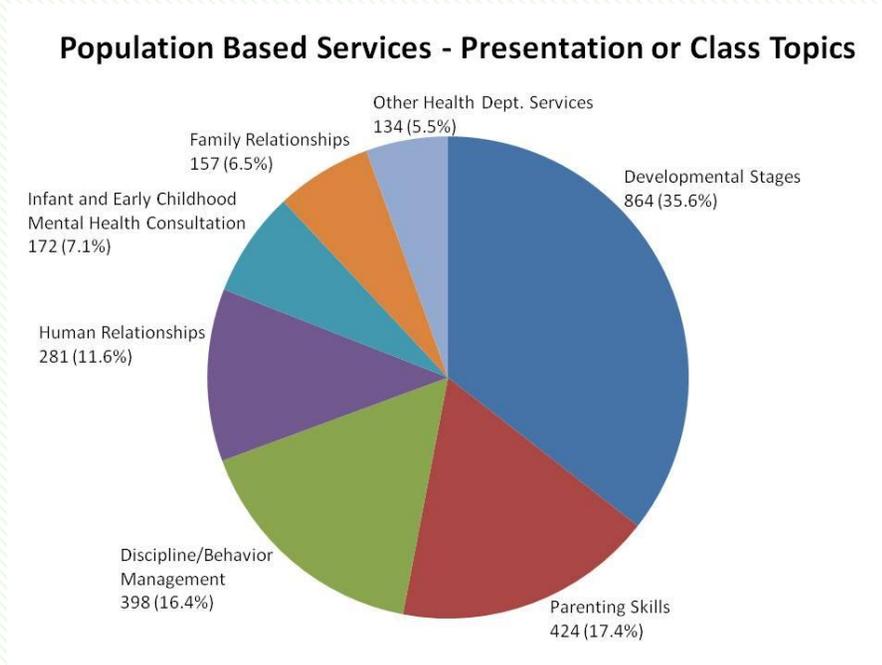
Figure 20



Audiences at Population Based Events can be comprised of parents, child care providers, health care providers, local government officials, community business professionals, and the general public. Figure 20 describes the attendance at different types of Population Based Events.



Figure 21



One time presentations or classes make up 40% of all population based services provided by Child Guidance. This service is typically a topical presentation directed at providers, parents or professionals on a variety of topics. Figure 21 describes topics of Population Based Presentations or Classes.

"We worry about what a child will become tomorrow, yet we forget that he is someone today."

--Stacia Tauscher



Figure 22

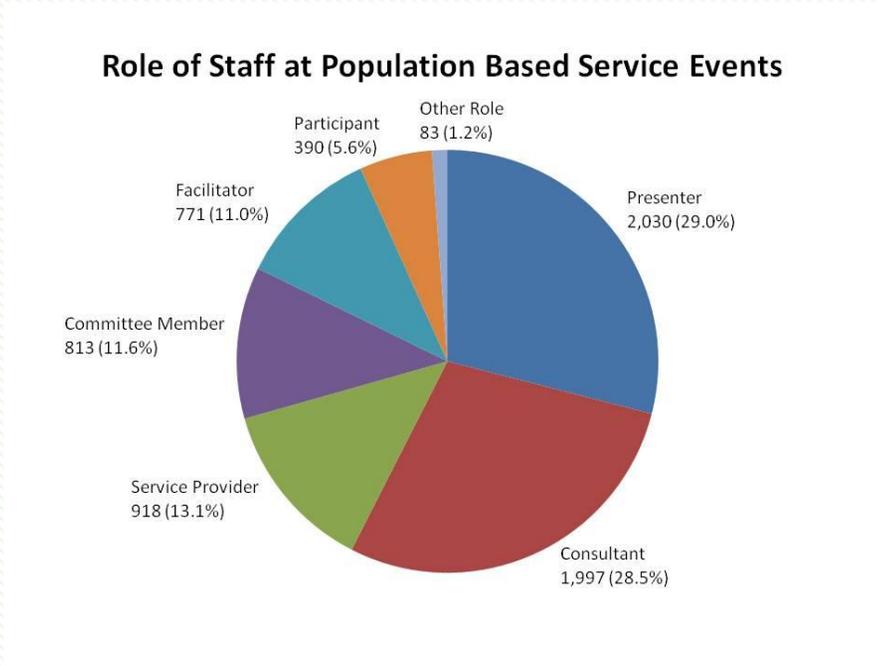
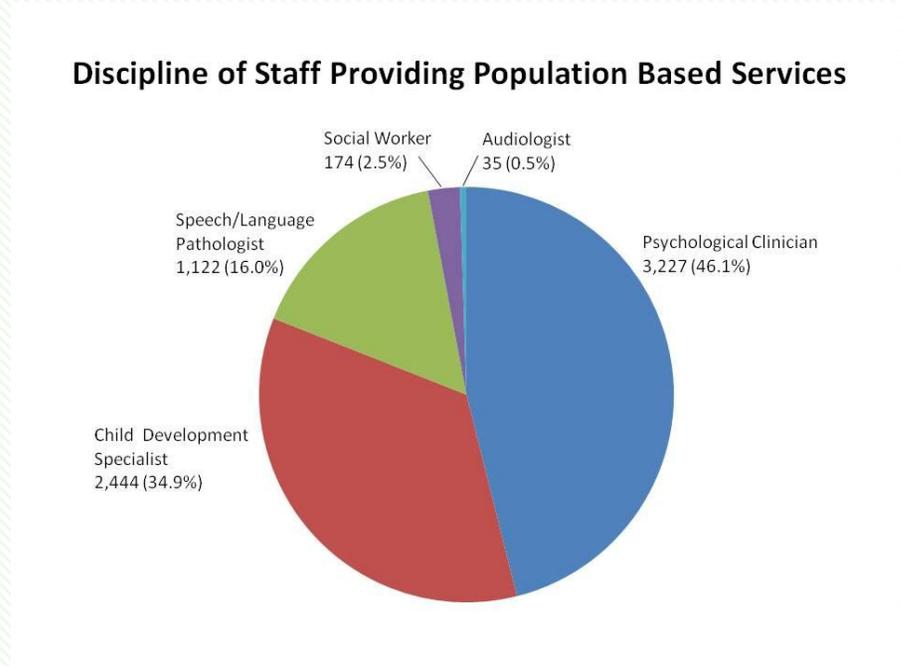


Figure 23



The majority of Population Based Service events were provided by a single Child Guidance Staff Person (5,048, 85%). Between 2 and 7 Child Guidance staff persons provided the remaining 887 events. Figures 22 and 23 show the role and discipline of the Child Guidance staff person providing Population Based Services.

Early Childhood Mental Health Consultation services are an example of Population Based Events commonly provided by Child Guidance staff. This program is described on the following pages.

Early Childhood Mental Health Consultation

Recent studies have confirmed that more young children are exhibiting challenging behaviors, and families with children in child care are experiencing more stress. Child care centers and family homes that have an OKDHS subsidy contract may receive on-site professional consultation on a regular basis upon request through the *Child Care Warmline, 1-888-574-5437*. Child Care consultation seeks to accomplish one or more of the following goals:

- To maintain children in child care who are in danger of being expelled.
- Support staff that care for children by expanding their competencies in understanding challenging behavior.
- To be available to caregivers and families in times of stress or crises.
- To model positive behavior and guidance techniques to encourage positive social and emotional development.
- To connect staff and families to resources.
- To offer observation and referral when necessary.
- To be available to families of children in child care through consultation and parent meetings.

The Child Care Warmline and Consultation service is provided in partnership with the Oklahoma Department of Human Services and the Oklahoma Department of Mental Health and Substance Abuse Services.

Agency Summary

42 Clinicians from 6 agencies conducted visits during FY 2010

Oklahoma State Department of Health

- 30 clinicians conducted visits
- 598 visits made
- total visit hours – 1,239.8
- average hours/visit – 2.1
- 109 total referrals
- 88 unique child care centers served
- average hours/referral – 11.4

Referral Summary

152 requests made for Early Childhood Mental Health Consultation

- 122 unique centers made these requests
- 6 centers declined services after request was made
- 15 centers did not receive services for some other reason

117 referrals in 97 unique centers were completed during FY 2010

- 83 were requested and completed during FY 2010
- 31 were requested during FY 2009 and completed in FY 2010
- 3 were requested during FY 2008 and completed in FY 2010

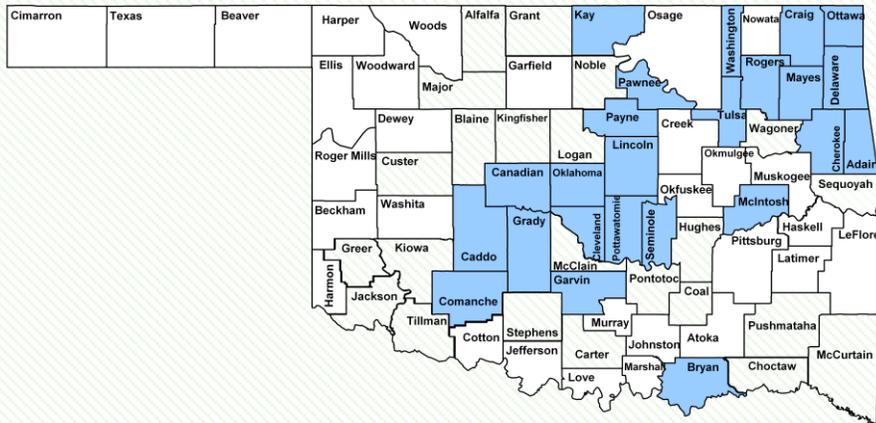
Averages per referral

- 6.9 visits per referral
- 14.2 visit hours per referral

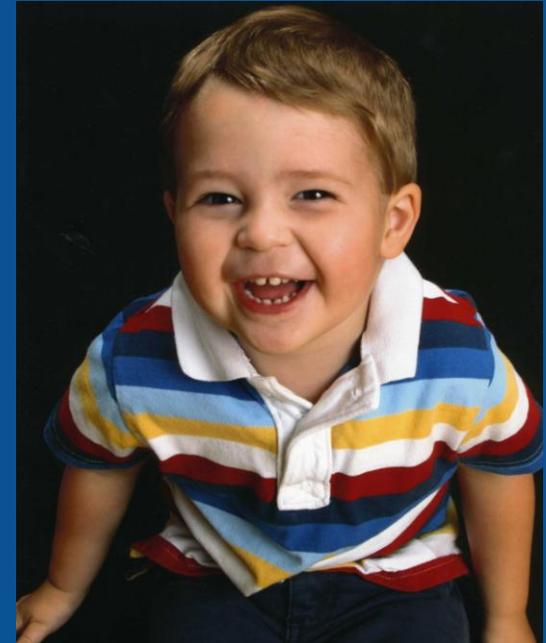
Completed referrals were made to assist child care centers in 24 counties

Figure 24

**Infant & Early Childhood Mental Health Consultation
Oklahoma Counties Receiving Services
FY 2010**



During FY 2010, 847 mental health consultation visits were completed with OKDHS subsidized child care facilities. This represents 1,786 total visit hours or 2.1 hours per visit.



Child Care Warmline

1-888-574-5437

The Warmline for Oklahoma Child Care Providers offers free telephone consultation to child care providers on numerous topics of concern. Consultants can also refer providers to appropriate services and resources within their communities.

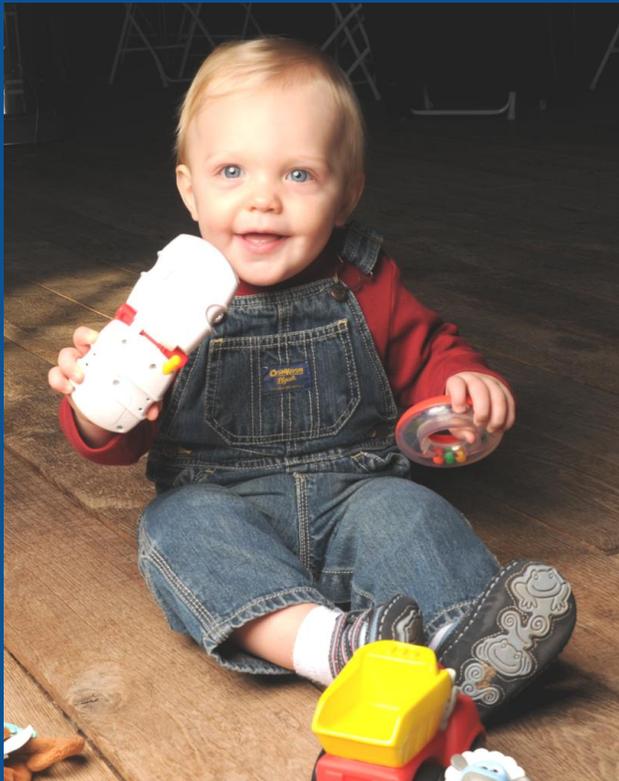
A Consultant Can Help:

- Clarify a problem
- Provide information, including printed materials, if available
- Help generate ideas and solutions
- Offer guidance on developmentally appropriate practices
- Provide referrals to meet individual needs and requests
- Direct providers to relevant resources to assist with a concern
- Provide follow-up when needed

A nurse consultant and a mental health consultant are available to answer the Warmline Monday through Friday from 8 a.m. until 5 p.m. Messages left after hours will be answered as soon as a consultant is available. Questions can also be emailed to Warmline@health.ok.gov.

Automated Topic Library:

Pre-recorded messages on a variety of topics related to child care, health, and development are available on the Warmline 24 hours a day. If you would like a complete list of the 1,500 topics available, call the Warmline at 1-888-574-5437 or submit your request by email at Warmline@health.ok.gov.



Child Guidance . . .



Where Families Find Solutions

For additional copies of this report, please contact Child Guidance Service, Oklahoma State Department of Health, (405) 271-4477, childguidance@health.ok.gov